



**Milwaukee County
FY 2014 CDBG
Application**

Project category: (check one only)	<input type="checkbox"/> Public service
	<input type="checkbox"/> Economic development
	<input type="checkbox"/> Capital improvement
Project Matrix Code:	
Project National Objective Code:	

Application Number:
(CDBG Program Office Use Only)

See Matrix Codes Definitions to determine matrix code.

See Guide to National Objectives.

Project Title

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Funding Request

Total funding requested in this application:		Other funds already secured for project:	
Total cost to complete project:		Other funds not yet secured for project:	

Project Information

Project address(es):	Census tract:	Jurisdiction:

Target clientele:	
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The following questions on individual clients and households to be served apply only to Public Service, Economic Development, and Residential Rehabilitation projects:

Will the project serve individual clients (IC) or households (HH)?		<input type="checkbox"/> Individual clients	<input type="checkbox"/> Households
Total unduplicated IC/HH served:		As applicable, total unduplicated LMI IC/HH served:	
Annual cost per client/household:		As applicable, percent unduplicated LMI IC/HH to served:	

Brief project description:

Applicant Agency Information

<i>Applicant legal name:</i>					
<i>Type of agency:</i>	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
<i>Date of incorporation:</i>			<i>Tax ID number:</i>		
<i>Agency DUNS number:</i>			<i>Annual operating budget:</i>		
<i>Number of paid staff:</i>			<i>Number of volunteers:</i>		

Agency mission statement:

Section 1: Project Details & Approach (Max Score: 45 Points; 20 for approach, 15 for need and justification, 10 for benefit to LMI persons or households)

1.1. Provide a concise description of the proposed project (this description must match the one provided on the cover page). Space for a fuller narrative is provided in Appendix A.

1.2. How much total funding are you requesting in this application? (You will provide a detailed budget in Appendix C.)

1.3. Project start date:

Anticipated end date:

1.4. Project's days/hours of operation:

1.5. Project category:
(check one only)

- ☐ Public service
☐ Economic development
☐ Capital improvement

1.6 Project objective:
(check one only)

- ☐ Suitable living environment
☐ Decent housing
☐ Economic opportunity

1.7 Project outcome:
(check one only)

- ☐ Availability/accessibility
☐ Affordability
☐ Sustainability

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

☐ (1) Area benefit: At least 51% of residents within the targeted activity area are low to moderate income (LMI).

☐ (2) Limited clientele (select subpart below):

☐ (a) Special needs group (select benefit group from the list below):

- ☐ (i) Abused children
☐ (ii) Elderly persons 62 years or older
☐ (iii) Battered spouses
☐ (iv) Severely disabled adults (not children) – Census definition; documentation required
☐ (v) Illiterate adults
☐ (vi) Persons living with HIV/AIDS
☐ (vii) Migrant farm workers
☐ (viii) Homeless persons

☐ (b) At least 51% of clientele to be served will be documented as LMI.

☐ (3) Housing (select subpart below):

- ☐ (a) Single family (must be 100% LMI)
☐ (b) Multi-unit (must be 51% LMI)

☐ (4) Job creation: At least 51% of jobs for LMI persons.

1.9. The Consolidated Plan goals below. Select the goal appropriate to your project: (consolidated plan is being updated)

- ☐ Provision of social services to selected components of the population and assurance of access to these services.
☐ Improve and develop infrastructure.
☐ Economic Development and Employment
☐ Remove barriers to affordable housing.

(Max Length for Questions 1.10 to 1.15: 2 Pages)

1.10. *Explain how the proposed project addresses the goal selected:*

[Type response here.]

1.11. *Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:*

[Type response here.]

1.12. *List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:*

[Type response here.]

1.13. *How does your agency plan to tell the target population about the project/services?*

[Type response here.]

1.14. *List up to three outcomes of the project (at least one is required). For each outcome listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome:*

[Type response here.]

1.15. *Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:*

☐

Yes

☐

No

[Type response here.]

Section 2: Target Population/Jurisdiction (Max Score: 20 Points; Max Length: 1 Page)

2.1. What is the target population for this project?

[Type response here.]

2.2. How does your agency track and record client demographics?

[Type response here.]

2.3. What specific Census tracts or block groups does the project intend to serve?(attach map if needed)

[Type response here.]

2.4. What is the percentage of LMI residents residing in the Census tract where the office from which the proposed project will be managed, is located? Explain below, particularly if below 51%:

☐

Yes

☐

No

[Type response here.]

NOTE: Questions 2.5 to 2.9 below on individual clients and households to be served apply only to Public Service, Economic Development, and Minor Residential Rehabilitation projects:

2.5. Indicate whether the project will be serving individual clients (IC) or households (HH):

☐

IC

☐

HH

2.6. What is the total number of unduplicated clients/households to be served?

2.7. Of the total number of unduplicated clients/households to be served, what is the total number of unduplicated LMI clients/households to be served, if applicable?

2.8. If applicable, what is the percentage of unduplicated LMI clients/households to be served?

2.9. What is the cost per client/household?

2.10. Over the past three years, what proportion of the people served by the project were Milwaukee County Jurisdiction (exclude City of Milwaukee, West Allis, & Wauwatosa) residents? (Have documentation available, if requested.) If this is a new project, what proportion are you anticipating?

Section 3: Agency Capacity, Experience, & (Max Score: 5 Points)

3.1. Who will be the person responsible for the overall oversight of the proposed project (Primary person of contact)?

Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

3.2. Who will be the alternate person responsible for the overall oversight of the proposed project?

Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

**3.3 Who will be the person responsible for the day-to-day operations and management of the proposed project?
Provide no more than two individuals:**

Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

**3.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance?
Provide no more than two individuals:**

Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

(Max Length for Questions 3.5 to 3.8: 1 Page)

3.5. *List the evaluation tools your agency plans to employ to track and monitor the progress of the project.*

[Type response here.]

3.6. *How does your agency plan to ensure compliance with applicable policy and procedural requirements (including those listed in HUD's "Playing by the Rules" Handbook)?*

[Type response here.]

3.7. *Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)*

[Type response here.]

3.8. *How many members does your Board of Directors have?*

How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.

Section 4: Auditing Control, Qualifications (Max Score: 5 Points; Max Length: 2 Pages)

4.1. *Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:*

[Type response here.]

4.2. *Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:*

[Type response here.]

4.3. *Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:*

[Type response here.]

4.4. *Briefly describe your agency's record keeping system, with relevance to the proposed project:*

[Type response here.]

4.5. *Briefly describe your agency's auditing requirements, including those for the proposed project:*

[Type response here.]

4.6. *Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:*

[Type response here.]

4.7. *How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?*

[Type response here.]

Section 5: Agency Experience (Max Score: 5 Points; Max Length: 1 Page for Sections 5/6 Combined)

5.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities. You may expand in Appendix A.

[Type response here.]

5.2. Has your agency received CDBG or other federal funds in any of the past four fiscal years (Fiscal Years 2010 through 2013)? If yes, complete Appendix E for each of the grants received for the three Fiscal Years 2010, 2011, and 2012.

☐

Yes

☐

No

Section 6: Back-Up Plan (Max Score; Max Length: 1 Page for Sections 5/6 Combined)

6.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?

☐

Yes

☐

No

[Type response here.]

6.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?

[Type response here.]

Appendix A: Narrative of Project (Max Length: 2 Pages)

In two pages or less, explain below your proposed project and make the case why it should be awarded funding.

[Type response here.]

Appendix B: CIP Projects Only (Max Length for Questions B.1 to B.7: 1 Page)¹

B.1. <i>For CIP projects, have the constructions plans and drawings been completed?</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If no, indicate the anticipated date of completion:</i>				

B.2. <i>For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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[Type response here.]

B.3. <i>For CIP projects, summarize the construction manager's relevant experience on similar federally funded projects:</i>
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[Type response here.]

B.4. <i>For CIP projects, address the mitigation of any issues identified on the "Project Site Information" section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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[Type response here.]

B.5. <i>For CIP projects, how will the completed work be maintained for at least five years after the termination of the agreement with the Milwaukee County?</i>

[Type response here.]

B.6. <i>For CIP projects, has funding for the construction phase been identified and committed? If no, describe below the issues preventing your agency from seeking outside funding:</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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[Type response here.]

B.7. <i>For CIP projects that need occupants to be relocated, describe your agency's relocation plan and where you are with State approval:</i>

[Type response here.]

¹ For Appendix B only – If legally necessary complete responses cannot be provided within the page-count constraints, then provide brief summaries of the responses above and reference and attach outside documentation.

Project Site Information (Max Length for Questions B.8 to B.16: 2 Pages)

B.8. Is the facility agency-owned, municipal-owned, or privately owned?			
<input type="checkbox"/>	Agency-owned		
	Indicate the property owner(s):		
	Is there currently a lien on the property?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
<input type="checkbox"/>	Municipal-owned		
	Indicate the Property Owner/Department:		
	When will the lease expire?		
	(The lease must not expire within five years of the proposed project's completion date.)		
	Is there currently a lien on the property?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
<input type="checkbox"/>	Privately owned		
	Indicate the property owner(s):		
	When will the lease expire?		
	(The lease must not expire within five years of the proposed project's completion date.)		
	Is there currently a lien on the property?		
	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
<input type="checkbox"/>	Other		
	Provide a brief explanation:		

B.9. How old is the property/building in terms of years?			
For building/structures constructed prior to December 31, 1978:			
Has a lead hazard risk assessment report been issued for the facility?			<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the facility been abated for lead paint?			<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Will children occupy the facility?			<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, indicate the age range of the children who will occupy the facility:			

B.10. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe below:						

[Type response here.]

B.11. Is the building/structure located on a Historic Site?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the building/structure located in a Historic District?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the building/structure in a Flood Zone?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the building/structure in a Flood Plain?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your agency have flood insurance?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will there be demolition required?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

B.12. List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):
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[Type response here.]

B.13. Will the project result in an expansion of an existing facility?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, specify the size in square feet:	Existing size:	Addition size:				

B.14. *The questions below ask about zoning. If zoning information is not known, contact the local municipality to request assistance.*

What is the project structure type?

☐

Residential

☐

Commercial

☐

Public facility

☐

Public right-of-way

What is the current zoning of the project site?

Is the project site zoned correctly for the proposed activity?

☐

Yes

☐

No

If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:

[Type response here.]

B.15. *Does the project require temporary/permanent relocation of occupants?*

☐

Yes

☐

No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2014 CDBG funds.]

[Type response here.]

B.16. *Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.*

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

[Type response here.]

Appendix C: Detailed Budget (Max Score: 5 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input type="checkbox"/> Public service	Complete Appendices C-1, C-2, and C-3.
	<input type="checkbox"/> Economic development	
	<input type="checkbox"/> Capital improvement (see below):	
Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No	If no, complete Appendices C-1, C-2, and C-4.
	<input type="checkbox"/> Yes	If yes, complete Appendices C-1, C-2, and C-5.

- All project categories must complete the following:
 - Appendix C-1: List of All Funding Sources for the Project
 - Appendix C-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
 - Appendix C-3: Public Service or Economic Development Project (PS/ED)
 - Schedule 1 – Budget Exhibit
 - Schedule 2 – Personnel Schedule: Gross Pay
 - Schedule 3 – Personnel Schedule: Fringe Benefits
 - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
 - Schedule 5 – Budget Justification
 - Appendix C-4: Capital Improvement Project (CIP)
 - Schedule 1 – Budget Exhibit
 - Schedule 2 – Budget Justification
 - Appendix C-5: Minor Residential Rehabilitation (MRR)
 - Schedule 1 – Budget Exhibit
 - Schedule 2 – Personnel Gross Pay: Project Management
 - Schedule 3 – Personnel Gross Pay: Fringe Benefits
 - Schedule 4 – Personnel Gross Pay: Construction Management
 - Schedule 5 – Fringe Benefits: Construction Management
 - Schedule 6 – FY 2014 Budget Justification

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion. Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

[illegible]

Appendix E: Results of Prior Year Projects (Maximum 15 points; Max Length: 1 Page per Project/Year)

If your agency received federal funds in Fiscal Year 2010, 2011, or 2012, complete one copy of this appendix for each project for each year funded. If you have more than three projects/years to report on, contact CDBG staff for additional pages.

E.1. Agency name:

E.2. Project name:

E.3. Year of funding: ☐ Fiscal Year 2010 ☐ Fiscal Year 2011 ☐ Fiscal Year 2012

E.4. Indicate the source of the federal funding awarded to the prior project:

☐ CDBG ☐ HOPWA ☐ ESG ☐ HOME
☐ CDBG-R ☐ HPRP ☐ NSP ☐ Other (Indicate below):

E.5. Amount awarded:

E.6. Amount spent to date:

E.7. Amount reprogrammed to date:

E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):

(1)

(2)

(3)

E.9. Indicate below the outcomes achieved:

(1)

(2)

(3)

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:

[Type response here.]

(Max Length per Project: 1 Page)

E.1. Agency name:	
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E.2. Project name:	
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E.3. Year of funding:	<input type="checkbox"/> Fiscal Year 2010	<input type="checkbox"/> Fiscal Year 2011	<input type="checkbox"/> Fiscal Year 2012
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E.4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

E.5. Amount awarded:		E.6. Amount spent to date:	
E.7. Amount reprogrammed to date:			

E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):	
(1)	
(2)	
(3)	

E.9. Indicate below the outcomes achieved:	
(1)	
(2)	
(3)	

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:
--

[Type response here.]

(Max Length per Project: 1 Page)

E.1. Agency name:	
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E.2. Project name:	
--------------------	--

E.3. Year of funding:	<input type="checkbox"/> Fiscal Year 2010	<input type="checkbox"/> Fiscal Year 2011	<input type="checkbox"/> Fiscal Year 2012
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E.4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

E.5. Amount awarded:		E.6. Amount spent to date:	
E.7. Amount reprogrammed to date:			

E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):	
(1)	
(2)	
(3)	

E.9. Indicate below the outcomes achieved:	
(1)	
(2)	
(3)	

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:
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[Type response here.]

Provide a roster of the members of your agency's Board of Directors and their professions by filling out the table below:

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